

**Humble Independent School District
Parent/Exempt Organization Registration & Approval**

Name of Organization: _____

Purpose of Organization: _____

School/Student Group to be supported: _____

Faculty Sponsor for Organization: _____

Current Number of Parent Supporters: _____

I agree with the following statements:

- I have read the *Parent/Exempt Organization Manual* and agree to abide by the information included in the guidelines as well as information referenced in the guidelines.
- I understand that noncompliance with any district policy or criteria may result in the suspending or disbanding of the Parent/Exempt Organization by the District.
- I have included a current list of officer/representatives with names, titles, mailing address, phone numbers and e-mail addresses with this registration form.

SUBMITTED BY:

_____/_____/_____
(Representative #1) Date

_____/_____/_____
(Representative #2) Date

_____/_____/_____
(Representative #3) Date

_____/_____/_____
(Faculty Sponsor) Date

APPROVAL(S):

CAMPUS PRINCIPAL/ADMINISTRATOR:

APPROVED

DENIED

(Principal's Name)

_____/_____/_____
(Principal's Signature) Date

PROGRAM DIRECTOR: (CTE, FINE ARTS, ATHLETICS)

APPROVED

DENIED

(Program Director's Name)

_____/_____/_____
(Program Director's Signature) Date